

Supporting Statement B for Paperwork Reduction Act Submission for
**Frame Development for the Residential Care Facility Component of the National Study of
Long-Term Care Providers**

New OMB Application

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B. Statistical Methods

1. Respondent Universe and Sampling Methods

The respondent universe for this collection is the government representatives that regulate residential care facilities in the state agencies in the 50 states and the District of Columbia. This is a census; no sampling methods apply.

State government representatives provided the most recent frame of state-regulated residential care facilities which was developed by the Assistant Secretary for Planning and Evaluation (ASPE) in 2009 for use in the 2010 National Survey of Residential Care Facilities (NSRCF). The *2010 National Survey of Residential Care Facilities Sample Frame Construction and Benchmarking Report* (available at <http://aspe.hhs.gov/daltcp/reports/2010/sfconst.pdf>) describes the process used to develop that 2009 frame. This report contains an Appendix A that lists names and contact information of the official in each state who was contacted about regulated residential care facilities for developing the 2009 frame. We will contact these officials for this current collection. If that 2009 contact person is no longer in the position, we will seek to talk with the person who is currently in the position vacated by the 2009 contact person. More detailed information is provided in section B.2.

2. Procedures for the Collection of Information

We will visit web sites of each state to inform us about the various regulations and licensure terms used in the state, compiling information for each state on the residential care facility licensure categories that we believe meet our study definition. For our National Study of Long-Term Care Providers (NSLTCP), the definition of a residential care facility is one that is licensed, registered, listed, certified, or otherwise regulated by the state; provides room and board with at least two meals a day; provides around-the-clock on-site supervision; helps with activities of daily living (e.g., bathing, eating, or dressing) or health related services, such as medication supervision; serves primarily an adult population; and has at least four licensed, certified, or regulated beds. Facilities licensed to serve the mentally ill or the intellectually disabled/developmentally disabled populations exclusively are excluded. Nursing homes and skilled nursing facilities are also excluded, unless they have a unit or wing meeting the above definition and residents can be separately enumerated.

The first step in the data collection process is a phone call to state agencies to verify the contact information for the state government representatives (Attachment D.1).

As the first contact with the government representative in each state, we will mail an advance package that includes a cover letter from NCHS (Attachment D.2) stating the purpose and importance of the collection, noting that they will be called shortly, and indicating the agenda for the call. The advance package will also include a letter of support from key national associations (e.g., National Center for Assisted Living) (Attachment D.3) that represent residential care providers. These associations have

supported NCHS' previous long-term care surveys. The advance package will also include an NCHS confidentiality brochure (Attachment D.4).

Within a week of mailing the advance package, NCHS will then contact these government representatives at state agencies by telephone using a semi-structured protocol (Attachment E).

The data to be collected from these state government representatives, which constitute the agenda for the calls with them, include (1) confirming that we have identified the appropriate licensure categories of residential care facilities within each state that meet the NSLTCP definition and (2) for each relevant licensure category, requesting an electronic file (preferably in Excel format) of the licensed residential care facilities for which the agency is responsible if such files with the needed variables are not downloadable from the state's website. Formats other than Excel can be negotiated on a case-by-cases basis, if an individual state cannot provide its file in Excel or doing so would be too burdensome on the state. Encrypted files will be sent to NCHS via mail and electronically through a secure password-protected website to ensure the confidentiality of the data. We will provide states with the specifications on what variables we need in the files. Variables needed include the name, address, phone number, and website (if available) of the residential care facility; name, phone number, and email address (if available) of facility director; licensure category; chain affiliation; ownership type; and bed size. A thank you letter will be sent once we receive the electronic file from the state officials (Attachment F).

3. Methods to Maximize Response Rates and Deal with Nonresponse

Based on the 2009 NSRCF frame development experience, we expect that 100% of states will participate.

To maximize response rates, methods similar to those used in previous establishment surveys (e.g., National Home and Hospice Care Survey, National Nursing Home Survey) will be used. Procedures to help reduce the likelihood of refusals (refusal aversion) include the advance letter (Attachment D.2) and other materials that stress the government's legal responsibility under legislative mandates, and commitment to maintain confidentiality of data (Attachment D.4). The joint letter of support by major residential care facility trade associations should also be helpful (Attachment D.3). Despite efforts to avert refusals, refusals can be expected. Field staff will be trained so that if they encounter a potential refusal, they will listen to the concerns raised by the state government representative and attempt to address these concerns. When appropriate, field staff will provide a few weeks' cooling off period before they call the state government representative again. Field staff will provide detailed notes of these exchanges, and discuss the best course of action. In some cases, NCHS staff and/or senior staff at the NCHS contractor organization will make telephone calls or assist with the construction of the electronic file.

4. Tests of Procedures or Methods to be Undertaken

No tests of procedures or methods will be undertaken.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following government employee is responsible for oversight of this collection:

NCHS

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LIST OF ATTACHMENTS

Attachment A: NCHS Legislation – Section 306 of the Public Health Services Act (42 USC 242k)

Attachment B: Federal Register Notice

Attachment C: Human Subjects Research Determination

Attachment D.1: Advance Package-Contact Information Verification

Attachment D.2: Advance Package-NCHS' Cover Letter

Attachment D.3: Advance Package-Professional Association Letter of Support

Attachment D.4: Advance Package-NCHS' Confidentiality Brochure

Attachment E: Semi-Structured Telephone Protocol

Attachment F: Thank You Letter

Attachment G: Electronic File Development